

09/993,393
Search
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(FILE 'HOME' ENTERED AT 13:57:24 ON 24 DEC 2004)

FILE 'BIOSIS, CAPLUS, EMBASE, MEDLINE, CANCERLIT, JAPIO' ENTERED AT
13:57:44 ON 24 DEC 2004

L1 12392 S (TYPE II DIABETES)
L2 578 S L1 AND MARKER?
L3 46 S L2 AND REVIEW?
L4 31 DUPLICATE REMOVE L3 (15 DUPLICATES REMOVED)
L5 222 S (PEPTIDE MARKER)
L6 1 S L5 AND L1
L7 1066 S L1 AND PEPTIDE?
L8 86 S L7 AND REVIEW?
L9 58 DUPLICATE REMOVE L8 (28 DUPLICATES REMOVED)
L10 2 S (DETECTION OF TYPE II DIABETES)
L11 2 DUPLICATE REMOVE L10 (0 DUPLICATES REMOVED)
L12 262 S L1 AND DETECTION
L13 22 S L12 AND PEPTIDE?
L14 35 S L12 AND MARKER
L15 7 S L14 AND L13
L16 6 DUPLICATE REMOVE L15 (1 DUPLICATE REMOVED)

=>

AN 1998:95497 BIOSIS
DN PREV199800095497
TI Multifactorial aspects of the treatment of the type II diabetic patient.
AU Colwell, John A. [Reprint author]
CS Diabetes Cent., Med. Univ. South Carolina, Charleston, SC 29425, USA
SO Metabolism Clinical and Experimental, (Dec., 1997) Vol. 46, No. 12 SUPPL.
1, pp. 1-4. print.
CODEN: METAAJ. ISSN: 0026-0495.
DT Article
LA English
ED Entered STN: 25 Feb 1998
Last Updated on STN: 25 Feb 1998
AB People with **type II diabetes** have a twofold
to fourfold increased risk of dying from the complications of
cardiovascular disease. Atherosclerosis and vascular thrombosis are major
contributors. The increased risk is present before fasting hyperglycemia
is seen. These individuals often have a sedentary life-style, poor
physical conditioning, insulin resistance, centripetal obesity,
hypertension, dyslipidemia, and a prothrombotic state. Chronic
hyperglycemia is then added to these risk **markers**.
Microalbuminuria may precede hyperglycemia in **type II**
diabetes, occurs in 30% to 40% of these individuals after diabetes
is established, and is a predictor of cardiovascular events. Early
intervention in high-risk individuals may delay or prevent fasting
hyperglycemia. An all-inclusive approach that focuses on early risk
factor (or **marker**) identification and management to prevent or
delay accelerated atherosclerosis and thrombosis in **type**
II diabetes is an attractive strategy. However, the
database to support this strategy is limited. In particular, large-scale
prospective trial data are not available to support the concept of
intensive glycemic regulation to prevent progression of macrovascular
disease in **type II diabetes**. This is in
contrast to the situation regarding microvascular disease of the eyes and
kidneys. Recently, indirect data of a correlative nature have emerged,
and short- and long-term prospective trials at early and late stages of
type II diabetes are now being reported.
These studies are analyzed and interpreted in this report. In contrast,
the database to support an intensive antiplatelet regimen to prevent
vascular thrombotic events in people with **type II**
diabetes is large, and these studies are **reviewed**. They
are of a type and magnitude to allow definite recommendations for aspirin
therapy in **type II diabetes**. Aggressive
therapy directed at hypertension, hyperlipidemia, and elevated urinary
albumin in people with **type II diabetes**
appears to be indicated. Increased attention to the multifactorial
aspects of treatment of the type II diabetic patient is needed. Our
present challenge is to translate these findings for patients and primary
health care providers so that effective actions may be implemented.
CC Metabolism - Metabolic disorders 13020
Cytology - Human 02508
Biochemistry studies - General 10060
Pathology - General 12502
Pathology - Therapy 12512
Cardiovascular system - General and methods 14501
Blood - General and methods 15001
Urinary system - General and methods 15501
Endocrine - General 17002
Pharmacology - General 22002
IT Major Concepts
Clinical Endocrinology (Human Medicine, Medical Sciences); Metabolism

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Clinical Endocrinology (Human Medicine, Medical Sciences); Metabolism

IT Diseases
 albuminuria: urologic disease
 Albuminuria (MeSH)

IT Diseases
 atherosclerosis: vascular disease
 Arteriosclerosis (MeSH)

IT Diseases
 hyperglycemia: metabolic disease
 Hyperglycemia (MeSH)

IT Diseases
 hyperlipidemia: metabolic disease
 Hyperlipidemia (MeSH)

IT Diseases
 hypertension: vascular disease
 Hypertension (MeSH)

IT Diseases
 type II diabetes: endocrine
 disease/pancreas
 Diabetes Mellitus, Non-Insulin-Dependent (MeSH)

IT Diseases
 vascular thrombosis: vascular disease

IT Chemicals & Biochemicals
 aspirin: antiplatelet activity

IT Methods & Equipment
 antiplatelet therapy: therapeutic method

IT Miscellaneous Descriptors
 treatment: multifactorial aspects

ORGN Classifier
 Hominidae 86215
 Super Taxa
 Primates; Mammalia; Vertebrata; Chordata; Animalia
 Organism Name
 human: patient
 Taxa Notes
 Animals, Chordates, Humans, Mammals, Primates, Vertebrates

RN 50-78-2 (aspirin)

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ANSWER 15 OF 31 CAPLUS COPYRIGHT 2004 ACS on STN

AN 2001:225185 CAPLUS

DN 135:235635

ED Entered STN: 30 Mar 2001

TI Comments to: Yudkin J, Panahloo A, Stenhouwer C et al. (2000) The influence of improved glycemic control with insulin and sulphonylureas on acute phase and endothelial markers in type II diabetic subjects. Diabetologia 43: 1099-1106

AU Fernandez-Real, J.-M.; Ricart, W.

CS Unitat de Diabetes, Endocrinologia i Nutricio, Hospital de Girona, Girona, 17007, Spain

SO Diabetologia (2001), 44(4), 518-519

CODEN: DBTGAI; ISSN: 0012-186X

PB Springer-Verlag

DT Journal; General Review

LA English

CC 1-0 (Pharmacology)

AB The title research of Yudkin J, Panahloo A, Stenhouwer C et al., 2000, is **reviewed** with commentary and 8 refs. The lack of significant changes in the endothelial **markers** in Type II (non-insulin-dependent) diabetes mellitus despite improved insulin sensitivity was found to be intriguing. It is commented that the use of metformin or thiazolidinediones to test whether the drugs might affect insulin action and acute **markers** concomitantly would have been more informative. The authors have uncovered interesting aspect about the pathophysiol. of inflammatory **markers** in **Type II diabetes**. Some field conditions with an acknowledge impact on vascular function are difficult to control. The genetic susceptibility to inflammation and insulin resistance contributes to a vicious cycle of events that cannot be prevented once **Type II diabetes** has become manifest.

ST **review** insulin sulfonylurea antidiabetic endothelial **marker** NIDDM

IT Antidiabetic agents

Susceptibility (genetic)

(influence of improved glycemic control with insulin and sulfonylureas on acute phase and endothelial markers in type II diabetic humans)

IT Sulfonylureas

RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)

(influence of improved glycemic control with insulin and sulfonylureas on acute phase and endothelial markers in type II diabetic humans)

IT Diabetes mellitus

(non-insulin-dependent; influence of improved glycemic control with insulin and sulfonylureas on acute phase and endothelial markers in type II diabetic humans)

IT 9004-10-8, Insulin, biological studies

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RE.CNT 8 THERE ARE 8 CITED REFERENCES AVAILABLE FOR THIS RECORD

RE

(1) Bak, J; Diabetes Res Clin Pract 1991, V14(Suppl 2), PS61

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(3) Fernandez-Real, J; Diabetologia 1999, V42, P1367 CAPLUS

(4) Hingorani, A; Circulation 2000, V102, P994 CAPLUS

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(8) Yudkin, J; Diabetologia 2000, V43, P1099 CAPLUS

L4 ANSWER 16 OF 31 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
on STN
AN 1999184466 EMBASE
TI Clinical value of ambulatory blood pressure monitoring.
AU Mallion J.-M.; Baguet J.-P.; Siche J.-P.; Tremel F.; De Gaudemaris R.
CS J.-M. Mallion, Medecine Interne et Caidiologie, CHU de Grenoble, BP 217 X,
38043 Grenoble Cedex 9, France
SO Journal of Hypertension, (1999) 17/5 (585-595).
Refs: 131
ISSN: 0263-6352 CODEN: JOHYD3
CY United Kingdom
DT Journal; General Review
FS 006 Internal Medicine
018 Cardiovascular Diseases and Cardiovascular Surgery
037 Drug Literature Index
LA English
SL English
AB Ambulatory blood pressure monitoring (ABPM) has now become an established clinical tool. It is appropriate to take stock and assess the situation of this technique. Update on equipment. Important improvements in equipment have occurred, with reductions in weight in awkwardness and in noisiness of the machines, better acceptability and tolerance by the patients, and better reliability. Validation programmes have been proposed and should be referred to. Limitations of the technique persist with intermittent recording in current practice. The reproducibility is limited in the short-term while recording over 24 h is acceptable. Diagnosis and prognosis. White-coat effect (WCE) is manifested as a transient elevation in blood pressure during the medical visit. The frequency of this phenomenon, the size of the effect, age, sex and level of blood pressure (BP) or the situation of occurrence (general practitioner, specialist or nurse) have been interpreted differently. It does not seem that WCE predicts cardiovascular morbidity or mortality. White-coat hypertension (WCH) is diagnosed on the evidence of abnormal clinical measures of BP and normal ABPM. The latest upper limits of normality by ABPM recommended by the JNCVI are < 135/85 mmHg while patients are awake and < 120/75 mmHg while patients are asleep. If we accept these upper limits of normality in ABPM, WCH does not appear to be a real problem as regards risk factors or end-organ effects. In terms of prognosis, data are limited. Cardiovascular morbidity seems low in WCH but identical to that of hypertensive subjects in these studies. However, further studies are needed to confirm these results. WCH does not appear to benefit from anti-hypertensive treatment. It is obvious that the lower the BP regarded as the limit of normality, the less likely the occurrence of secondary effects of metabolism, or end-organ effects or complications in those classified as hypertensive. 24 hour cycle. One of the most specific characteristics of ABPM is the possibility of being able to discover modification or alteration of the 24 h cycle of BP. Non-dippers are classically defined as those who show a reduction in BP of less than 10/5 mmHg or 10% between the day (06.00-22.00 h) and the night, or an elevation in BP. In contrast, extreme dippers are those in whom the BP reduction is greater than 20%. Cardiovascular system. The data remain inconclusive with regard to the existence of a consistent relationship between the lack of a nocturnal dip in blood pressure and target organ damage. As regards prognosis, it seems that an inversion of the day-night cycle is of pejorative significance. Cerebrovascular system. Almost all studies have shown that non-dippers had a significantly higher frequency of stroke than dippers. In contrast, too great a fall in nocturnal BP may be responsible for more marked cerebral ischaemia. Renal system. Non-dippers have a significantly elevated median urinary excretion of albumin. There is a significant correlation between the systolic BP and nocturnal diastolic BP, and urinary excretion of albumin. Various studies

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have confirmed the increased frequency of change in the 24 h cycle in hypertensive subjects at the stage of renal failure. Diabetes. BP abnormalities should be considered as **markers** of an elevated risk in diabetic subjects but cannot be considered at present as predictive of the appearance of micro-albuminuria or other abnormalities. ABPM is thus of interest in type I or **type II diabetes** both in the initial assessment and in the follow-up and adaptation of treatment. Pharmaco-therapeutic uses. The introduction of ABPM has truly changed the means and possibilities of approach to the study of the effects of anti-hypertensive medications, with new possibilities of analysis such as trough-peak ratio smoothness index, etc.

CT

Medical Descriptors:

*blood pressure monitoring

*ambulatory monitoring

medical instrumentation

validation process

medical practice

white coat hypertension: DI, diagnosis

white coat hypertension: DT, drug therapy

blood pressure measurement

cardiovascular disease

morbidity

mortality

risk factor

prognosis

metabolism

cerebrovascular disease: EP, epidemiology

stroke: EP, epidemiology

kidney disease: EP, epidemiology

proteinuria: EP, epidemiology

microalbuminuria: EP, epidemiology

insulin dependent diabetes mellitus: EP, epidemiology

non insulin dependent diabetes mellitus: EP, epidemiology

human

review

priority journal

Drug Descriptors:

antihypertensive agent: DT, drug therapy

antihypertensive agent: PD, pharmacology

albumin: EC, endogenous compound

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